

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

TRANSCRIPT ORDER FORM

Please use one form per court reporter per case, and contact court reporter directly immediately after e-filing form. (Additional instructions on next page.)

COURT USE ONLY
DUE DATE:1a. Contact Person
for this Order

Toni M. Jones

2a. Contact Phone
Number

505-252-9184

3a. Contact E-mail
Address

tjones@squireslegal.com

1b. Attorney Name
(if different)

Jeffrey L. Squires

2b. Attorney Phone
Number

202-509-4000

3b. Attorney E-mail
Address

jsquires@squireslegal.com

4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)

Jeffrey L. Squires
Squires Legal Counsel, LLC
565 Live Oak Rd. NE
Albuquerque, NM 871225. Name & Role of
Party Represented

Defendant Deepak Dugar, M.D., a Medical Corporation

6. Case Name

Maureen Harrington v. Deepak Dugar, M.D., a Medical Corporation

7a. District Court
Case Number

2-22-cv-08230-HDV-E

7b. Appeals Court
Case Number

8. INDICATE WHETHER PROCEEDING WAS (choose only one per form):

☐ DIGITALLY RECORDED☒ TRANSCRIBED BY A COURT REPORTER; NAME OF COURT REPORTER:

Miranda Algorri

9. THIS TRANSCRIPT ORDER IS FOR: ☐ Appeal ☒ Non-Appeal☐ Criminal ☒ Civil☐ CJA ☐ USA ☐ FPD☐ In forma pauperis (Court order for transcripts must be attached)

10. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested, format(s), and delivery type):

You MUST check the check to see if the transcript has already been filed, and if so, provide the "Release of Transcript Restriction" date in column c, below.

2. HEARING(S) OR PORTIONS OF HEARINGS (Attach additional pages if necessary. If sealed, a court order releasing transcript to the ordering party must be attached here or omitted to transcripts.court@uscourts.gov)

b. SELECT FORMAT(S)

(CM/ECF access included with purchase of transcript.)

c. RELEASE OF TRANS.
RESTRICTION DATEd. DELIVERY TYPE
(Check with court reporter before choosing any delivery time sooner than "Ordinary-30")

HEARING DATE (if available)

JUDGE (name)

PROCEEDING TYPE / PORTION (If requesting less than full hearing, specify portion (e.g., witness or time). If orders indicate it opening, closings, voir dire, or instructions requested.)

PPE TEXT/ ASCII PAPER CONDENSED SEQUENCE WORD EXPANDING

14-Day

5/28/2024

Vera

Begin with Opening Statements

PPE

TEXT/ ASCII PAPER

CONDENSED SEQUENCE WORD EXPANDING

14-Day

5/29/2024

Vera

Entire day

PPE

TEXT/ ASCII PAPER

CONDENSED SEQUENCE WORD EXPANDING

14-Day

5/30/2024

Vera

Entire day through Closing Statements

PPE

TEXT/ ASCII PAPER

CONDENSED SEQUENCE WORD EXPANDING

14-Day

11. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC. CJA Orders: Explain necessity of non-appeal orders, orders for transcripts of proceedings involving only a co-defendant, & special authorizations to be requested in Section 14 of CJA-23 Voucher (attach additional pages if needed).

12. ORDER & CERTIFICATION. By signing below, I certify that I will pay all charges (deposit plus additional), or, where applicable, promptly take all necessary steps to secure payment under the Criminal Justice Act.

Date

06/05/2024

Signature